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ABSTRACT

As the case management approach has become increasingly popular, a new phenomenon has emerged. A client may have several case managers, each employed by a different project, and these managers may not be aware of each other. The National Center for Children in Poverty has recently conducted research on case management in service integration projects. The core of the information comes from 16 projects from many service domains serving children and their families. Reviewing the work of these projects has made it apparent that the problem of multiple case managers exists everywhere, in cities and rural areas, and that the cost of unnecessary duplication is excessive, not only in terms of dollars, but in terms of wasted human capital. The reality of categorical programs, single-focus interventions, and other features of the human service delivery system virtually ensure the continuation of the trend. Consolidating categorical programs into block grants, as is being debated in some public policy arenas, may remove some system factors that lead to multiple case managers, but it is evident that real solutions call for the application of professional standards and common sense. (SLD)

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NATIONAL CENTER FOR CHILDREN IN POVERTY
Columbia University School of Public Health

RESOURCE BRIEF July 1995

Managing Case Managers: Case Management in Service Integration

Ellen L. Marks

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The NATIONAL CENTER FOR CHILDREN IN POVERTY (NCCP) was established in 1989 at the School of Public Health, Columbia University. Its mission is to strengthen programs and policies that enhance the health and development of children under six years old living in poverty.

The Center works within an interdisciplinary framework in the domains of child and family health, early childhood care and education, and family and community support. Center staff and associates use techniques such as demographic and policy analysis, field-based and evaluation research to generate policy-relevant knowledge about poor children and families. The Center then applies that knowledge to public and private programs and initiatives, and disseminates the results to policymakers and program designers and directors, especially at the state and local level. Given the magnitude and complexity of the issues associated with child poverty, the Center works to reinforce and complement the efforts of other institutions and concerned individuals seeking changes in the systems designed to address the needs of poor families and young children.

NCCP's publications program is funded largely through core grants from the Ford Foundation and the Carnegie Corporation of New York.

Ellen L. Marks, a consultant at NCCP, is a policy analyst and researcher. She has conducted many evaluations of programs for low-income families, with an emphasis on education and health services.

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Any Baby Can	San Antonio, Texas
Asian Perinatal Advocates	San Francisco, California
BayBright	West Springfield, Massachusetts
Blackfeet Tribe Head Start	Browning, Montana
Children's Case Management Organization	West Palm Beach, Florida
Dane County Parent Council	Madison, Wisconsin
Denver Family Opportunity	Denver, Colorado
Division of AIDS Services	New York, New York
Family Mosaic	San Francisco, California
Family Ties	Brooklyn, New York
Infant and Toddlers Program	Glen Burnie, Maryland
Kids in New Directions	Lapeer, Michigan
New Futures	Huntsville, Alabama
New Vistas	Santa Fe, New Mexico
Next Step	Elmira, New York
Youth Futures	Savannah, Georgia

Introduction

The concept of case management in human services systems is inherently appealing. People who need assistance may not know where to go or may not be able to obtain what they need. They get help from case managers, who assess their strengths and needs, and then identify and facilitate access to services. An underlying premise is that help is available for many unmet human needs, but the complexities and inadequacies of the human service system prevent many people from receiving services.

While the practice of case management has been around for decades, its expansion to virtually every field of human services is new. As case management has spread, a phenomenon has emerged: a given client may have several case managers, each employed by different case management projects.

A hypothetical example helps to illustrate this issue. Suppose a teenager is pregnant with her second child, not living with her parents, and had used crack cocaine during her first pregnancy. She may have case managers from:

- The local welfare department
- An organization working with teenage parents
- Head Start (if her child is enrolled)
- A dropout prevention initiative in her high school
- An early intervention program for the first child
- A substance abuse prevention program
- The local public health department

Given the absence of comprehensive, integrated service delivery systems, these case managers would probably not be aware of each other's work with the teenager and child unless the client informs them.

The National Center for Children in Poverty (NCCP) has recently conducted research on case management in service integration projects. The core of the information comes from 16 projects around the country that fulfill several criteria:[1]

- The projects represent many service domains, ranging from family preservation to at-risk infants and toddlers, thus allowing an exploration of case management practices in different settings.
- To obtain services for clients, case managers in these projects cross organizational boundaries, rather than work within a single agency.
- The projects purport to serve the entire family unit, however defined, rather than a single individual.
- Preliminary information suggested that these projects have promising practices that could prove useful for policymakers, planners of service integration initiatives, and project administrators.

In addition, the investigators paid particular attention to projects that serve children under six living in poverty—because of NCCP's mission and focus on this group. All 16 projects serve children and their families. Six specifically include very young children living in poverty in their target groups; another six provide services to very young children without regard to their families' income, although most of their clients live in poverty. To ensure confidentiality and anonymity, no information identifying specific projects is provided except in two instances where projects are named, with the permission of the directors, because of unique practices the projects instituted.

In every project visited, staff knew of clients who had two or more case managers. The selection criteria for this study probably biased the 16 projects in this direction because we specifically searched for projects that serve young children and their families, thus increasing the chance that they will have more than one case manager.

The selection criteria probably biased the 16 projects another way. Caseloads were not considered in identifying and selecting projects, but it turns out

photo by Ellen Blalock

Case manager and clients at the Denver, Colorado, study site

that the caseloads in these projects are relatively small: across projects a case manager works with, on average, 37 clients. Some findings from this study would not, in all likelihood, be replicated in other studies where case managers serve many more clients. The research design (see page 10) does not permit an estimate of the magnitude of multiple case managers, so the researchers cannot say how often a client has more than one case manager, or how many case managers work with that client. Nevertheless, the issue of multiple case managers is sufficiently prevalent—and probably growing—to warrant examination.

This resource brief explores the issue of multiple case managers, first discussing why the practice could be considered a problem. Next, the reasons why clients have multiple case managers are reviewed, along with the organizational facets of the human service delivery system that allow, and perhaps foster, these arrangements. This resource brief concludes with strategies that might reduce the problem of multiple case managers. Unlike other publications in this series that present data drawn solely from the 16 sites, this report includes information from other studies in which the research staff have participated.

Three other resource briefs provide descriptions of current case management practices. They are *Who Are Case Managers and What Do They Do? Case Management in Service Integration*, which discusses the characteristics of case managers, including demographic attributes, tenure, work environment, caseload size, time allocations, and salaries; *Working with Clients: Case Management in Service Integration*, which describes the work that case managers do with clients, providing information on the way case managers and clients become connected, the functions of case managers, and types of clients; and *Preparation, Staff Development, and Supervision of Case Managers*, which considers case managers' educational and work backgrounds, orientation and on-the-job training, and oversight of their work.[2]

The issue of multiple case managers is sufficiently prevalent —and probably growing— to warrant examination.

Concerns About Multiple Case Managers

Multiple case managers are becoming more evident at the local level as case management expands, and investigators have begun to raise concerns about this in research reports.[3] One project supervisor, describing case managers as "cowboys" who function autonomously, characterized the presence of multiple case managers as "high noon at the un-OK Corral."

Duplication rarely makes sense in the delivery of human services, and when two or more people perform the same type of work for a client, already-stretched resources can be unnecessarily stressed. In times and places of scarce resources—which most projects in this study experience—duplication of effort can be extraordinarily wasteful and costly. If, as many projects contend, case managers conduct comprehensive needs assessments and serve the entire family, then the work of multiple case managers for a given family probably overlaps.

Case managers work diligently to overcome systemic hurdles and get services to their clients. This often produces a "head of the line" syndrome, where case managers can circumvent long waiting lists, tweak the system to get special treatment for their clients, or otherwise short-circuit the normal bureaucratic procedures of both public and private organizations. Multiple case managers could create further havoc in an already complex human service system. A real possibility exists that several case managers could lobby one agency to produce a particular service for a single client, but no one—case managers or agency personnel—would realize what was going on.

The human services system, which is typically short of needed services, could become overwhelmed as more and more case managers try to obtain services for clients. And clients without case managers could face even more barriers, and probably more dismal prospects, than they do now. Taken to an extreme, the result of this scenario is that for a client to get any services, a case manager would have to work on his or her behalf—otherwise, the client might never get to the head of the line.

In addition to using resources inefficiently, the presence of multiple case managers can create unnecessary burdens for an individual family. Several case

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managers might ask the same questions of family members (to gather information for needs assessments), and these same families could be required to develop numerous service plans. Also, different professionals pulling in different directions could prove harmful to a client's progress as they express various priorities and expectations.

In one site, for example, a client was in a car accident, suffered brain damage, and had difficulty learning. Toward the end of a GED preparation program, in which she had been enrolled for three years, a public housing authority case manager encouraged the client to pursue her goal of becoming a radiologist and referred her to a welfare-to-work program for tuition benefits. After conducting a needs assessment, the case manager at the welfare-to-work program recognized that the client's goal was neither within the project's time frame for education programs nor within the client's abilities. The case manager was frustrated and had to deny the client's request.

Although some clients may enjoy personal attention from multiple case managers, others find these involvements intrusive or time-consuming. One rural client said, "It seems like someone else comes knocking on the door every day of the week. I don't know whose list I got on and how my name gets passed around."

Reasons for Multiple Case Managers

There are many explanations for multiple case managers to work with one client. This section presents several reasons.

The Spread of Case Management

As noted previously, case management has been adopted in a wide range of domains, and the more types of populations that case managers serve, the greater the likelihood that a given client will have more than one case manager. Not only has the practice of case management spread, the use of the term "case manager" has also. While many practitioners, policymakers, and academics agree that case management entails certain activities—namely, assessment, service plan development, linkage to services, and monitoring—they have not reached a consensus on whether additional activities (such as counseling and advocacy) are essential or appropriate for case management. Moreover, they do not agree on a minimum set of functions that must be performed to be considered "case management." Thus, the term case manager is used extensively, and often imprecisely, to describe a vast assortment of individuals who work within the human services field.

Clouding the issue even further is the fact that many individuals who perform the work of case managers have different titles. Sites in this study employed "home visitors," "family outreach workers," and "family advocates," among others, but the work they did, regardless of their title, met the study's definition of case management.[4]

Individual vs. Family Focus

With the extension of case management to many (and new) service domains, another shift in focus has occurred. Unlike much of traditional case management where one individual received assistance, the current version often claims to be family-focused. But the NCCP study found that the characteristics or needs of one individual often bring the family into a case management project, and that one family member receives the most attention.[5] Other family members' needs and goals frequently receive minimal attention, and they might, because of their own circumstances, have their own set of case managers.

In a project for chronically ill children, for example, a case manager may work to ensure that a child is in a proper school setting, receives medical care, and participates in appropriate recreational activities. The case manager may also be concerned with internal family communications and relationships, but probably does not get involved with a parent's need for job training or a sibling's arrest for drug use. Those issues would be handled by other case managers.

Multi-need Families

Case managers in the past probably did not face the pervasiveness of problems that can beset families today. The AIDS epidemic, the growth of the foster care system, the increased chances of survival for medically needy children, the degree of violence among young people, and the extent of illicit drugs are relatively new societal developments. The effects

of poverty, too-early childbearing, and limited education manifest themselves today in troublesome, complex, and sometimes devastating ways. It is not unusual for one family to have many needs, each the responsibility of different case managers.

Financial Incentives

Organizations need money to exist and operate, and case management projects are no exception. Whether case management projects are financed by public or private support, they often receive money based on the number of clients. The amount may be calculated on a per capita basis (that is, a flat amount for each client served), according to the size of the population eligible for services (for example, a grant based on the number of families meeting certain criteria), or on the basis of staff time spent providing case management services. Appeals for donations or government contracts frequently cite the number of potential or enrolled clients.

For these reasons, a strong incentive exists for case management projects to keep clients on their caseloads even if they have case managers from other organizations. Some federal programs prohibit duplication of case management services, but even under these programs, financial arrangements allow one family to have multiple case managers. For example, under Medicaid's Targeted Case Management, states identify groups eligible for case management and reimburse agencies for services provided. Within a family, individual members may belong to separate target groups (such as high-risk pregnant women or mentally retarded children) and may receive services from more than one case manager.

Belief in the "Correct" Approach

Projects and services aim to meet identified needs. There is no agreement, however, on which needs are most critical. Projects concerned with welfare-to-work clients claim it is most important to get a parent into a good job training program and gainful employment; projects focusing on medically fragile children emphasize the need to get appropriate medical care; projects for pregnant teenagers center on prenatal care; and projects that target recovering substance abusers say that keeping their clients "clean" is most important. All or none of these priorities may be right. Determining a hierarchy of essential services is an exercise beyond the boundaries of most case management projects or service integration initiatives. Few would concede the precedence of other needs or services, and case managers may be unwilling to step aside and let another lead. The result can be multiple case managers for one client.

Clients Want Help

Clients become involved with case management because they need and want help. Some become very involved with case managers and develop close relationships.[6] If multiple sources offer assistance or support, receptive clients are unlikely to reject it.

Ways the Human Service System Encourages Multiple Case Managers

The human service system as currently constructed has several aspects that foster the potential for multiple case managers to work with a single client. In fact, part of the reason for case management's popularity is that it tries to mitigate systemic shortcomings. The addition of case management may make the human services system more accessible, but it does not change fundamental practices that create the barriers and difficulties clients face.

The reality of categorical programs is the most powerful factor influencing the development of multiple case managers. Most governmental and private programs fund services for people with unique characteristics, and case management projects follow the same trajectory. The range of categorical programs is enormous, and each has client eligibility criteria that service deliverers must follow to receive funds. Even the best of project planners can encounter insurmountable obstacles as they try to consolidate separate programs into a holistic approach. The result is that many case management projects parallel categorical program structures.

Constrained eligibility requirements and reimbursement policies accompany categorical programs. If a foundation-sponsored program funds case management for HIV-positive patients, projects must provide services for HIV-positive patients to receive payments. If a federal program funds case management

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for welfare-to-work clients, projects must provide the services to that population to be eligible for compensation. Because no programs substantially fund case management services for the broad categories of multi-need families, vulnerable families, or poor families, case management projects must follow eligibility rules to ensure compliance with program mandates and receive reimbursement for services provided.

The human service system rarely rewards collaboration. Again, money is the driving force. Projects are funded on the basis of the services they provide to clients, not the types of organizations they work with. Projects sometimes compete for the same pool of funds, and several entities in a given community can compete for the same types of clients. Project personnel who have grappled with fiscal accountability standards attest that some programs actually penalize agency attempts to work together. Project planners have tried to organize cross-agency initiatives, but have been thwarted by funding streams that require clients to meet specific eligibility requirements.

What Can Be Done About Multiple Case Managers

The problem of multiple case managers serving a single client is not without solutions. Some ideas have not yet been tested; other solutions are mechanisms that many study sites, whether by design or inadvertently, use to minimize the problem.

Contracts with Clients

Although clients' needs and preferences drive service plans,[7] the plans rarely take the form of a contract between a case management project and its clients. Moreover, clients typically do not bear much responsibility for accomplishing certain goals or performing specific activities. The responsibility usually rests with the case manager to locate and secure agreed-upon services. If this approach changed to one that is more contractual—specifically, one that assigns more obligations to the client—clients could be required to identify other case managers. At present, a client has little incentive to call attention to service duplication—unless the client feels overwhelmed by the number of case managers involved with the family.

Training and Supervision

Current case management practices do not inspire case managers to hunt actively for other workers serving their clients or to release their clients to the caseloads of others. Many may try to avoid duplication out of a sense of good professional practice, but the structural arrangements affecting case managers can argue against relinquishing clients to others.

Training and supervision offer an opportunity to rectify the situation. Case managers could be taught to look for likely sources of overlap with other case managers, to consider carefully the clients' best interests, and to negotiate service plans and approaches with other agencies' personnel. Supervisors could include the issue of multiple case managers in staff reviews, and could reward those workers who minimize duplication. Supervisors could also be trained to understand more fully the downside of multiple case managers. The following comment from a high-level official associated with a welfare-to-work initiative illustrates the problem: "I say, the more the merrier. The more case managers trying to find that client a job, the better."

In addition, and perhaps having the greater potential for remedying the duplication problem, case managers could be trained and expand their repertoire of skills beyond the fairly limited populations they generally serve. Especially in light of this study's finding that case managers do much the same work regardless of the target group they serve,[8] this approach should be feasible. For example, case managers experienced in working with juvenile offenders could learn to work with teenage parents, and case managers who have worked with recovering substance abusers could learn to work with seriously emotionally disturbed youths. To serve new types of clients, they would need to acquire new skills regarding approaches to use, issues the clients face, and the location of relevant services.

Current case management practices do not inspire case managers to hunt actively for other workers serving their clients.

The idea of expanding training may be worthy, but project planners and administrators could face a major challenge to its implementation. At present, in-service training and staff development activities are often minimal.[9] Requiring case managers to serve additional populations without providing sufficient skills training could prove disastrous. Yet, changing the case management culture so that training is perceived as a necessity, not a luxury, could be daunting.

Another issue could impede the notion of expanding case managers' skills to serve more target groups. At present, little information exists about the types of abilities and knowledge case managers must have to be effective with different populations. Although training could help case managers extend services to additional groups, research should track practices and determine the particular skills case managers need to work with various types of clients.

Focus on the Entire Family

If case management projects were to truly focus on the entire family, rather than pay special attention to one member and scant attention to others, the number of case managers serving a single family could decrease. The goal should be to minimize the amount of duplicated services, although family members may have unique needs or conditions that no one case manager can handle. To achieve a family focus, both needs assessments and service plans would have to be comprehensive, and this could be a challenge to accomplish in dysfunctional families or families in crisis.

Participation in Collaboratives

Collaboration can help reduce the number of case managers serving a given client. Several projects in this study participate in communitywide organizations formed to address human service needs. For example, the director of a case management project for pregnant teenagers serves, along with executives of more than a dozen other programs, on a long-standing task force concerned with teen pregnancy. The task force has addressed numerous matters, among them the establishment of a managed care network of pediatricians and another of primary care physicians.

In another project serving homeless women and their children, the director is a member of a communitywide interdisciplinary team that meets monthly. Nineteen service providers belong to the team, including the Salvation Army, the local department of human resources (which administers child protective services, welfare, and Medicaid), the public health department, and the school district. The team acts as a network and shares information.

These types of collaboratives offer a forum for raising the issue of multiple case managers. Under some circumstances, they could become a vehicle for coordinating services to vulnerable families. Participation in collaboratives is not, however, always a successful venture. Sites in this study experienced the following:

- A project director in a fairly small, rural town observed so many collaboratives being formed that she said, "A bureaucracy of collaborations is developing in this community."
- In a large, resource-rich city, an interagency collaboration includes over 100 organizations concerned with at-risk children. An issue frequently discussed is determining which case management project will work with which type of family. Little has been resolved because of turf-guarding.

Case-by-Case Determination

When researchers asked case managers what happened when they learned that another agency's case manager was serving the same client, they often said they would talk with the other case manager and attempt to reach some resolution. Case managers usually report success in addressing the problem. Generally, one becomes the primary case manager and keeps the others informed. On rare occasions, serious arguments erupt as case managers from different organizations disagree about autonomy, authority, or methods. When this happens, supervisors or higher-level officials are called in to mediate the disputes.

The case managers in this study frequently conceded responsibility when another agency's case manager was assigned to a client because of a legal issue, such as involvement of the juvenile justice system or child welfare authorities. In other instances, however, they generally preferred to remain as a case manager for the client. In general, these case managers believe that their case management services are superior to or more appropriate than those provided by other organizations.

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Written Agreements

In small communities where agency personnel know each other and lines are clear-cut, casual understandings regarding the division of labor among case managers may suffice. For example, one project in this study always concedes responsibility to the local mental health agency if it assigns a case manager to a family. In larger places, however, informal arrangements may not be sufficient to avoid overlap among case managers.

A good example of a written agreement that deals with the problem of multiple case managers comes from San Antonio. Any Baby Can is one of 21 organizations that signed a memorandum of understanding (MOU). A stimulus for the MOU was the realization that many organizations and projects could be eligible to receive reimbursement from Medicaid for case management services. Key officials realized that it would be wiser to eliminate (or reduce) potential duplication beforehand, rather than demonstrate its absence after case management services had been provided and bills submitted. The MOU includes, among other matters, a definition of case management, responsibilities of the organization that is the primary case management agency for a client, follow-up procedures, and allocation of potential clients to participating agencies. A document like this, and the careful planning and thinking that preceded its development, appear to constitute a valuable approach to diminish the confusion and duplication that can exist when multiple case managers work with a single client.

Coordinated Staff

The practice of co-locating staff from several agencies, so that "one-stop shopping" is available, has been around for a while and continues to expand. One project in this study has modified this approach and created an organizational arrangement that holds promise for avoiding the problem of too many case managers serving one client. Family Mosaic in San Francisco provides services for seriously emotionally disturbed children and youths. Four participating government agencies have assigned staff to Family Mosaic. The staff remain on their parent agency's payroll, but Family Mosaic's director supervises them. As the project has grown, supplementary funds and revenue from Medicaid billings have paid for additional staff who are on the payrolls of two private, nonprofit community organizations; they, too, report to the Family Mosaic director.

Bringing together staff from these agencies is an excellent starting point to conduct thorough needs assessments and develop comprehensive service plans, as well as to lessen the likelihood of multiple case managers. Family Mosaic has taken this starting point even farther. Case managers serve on five-member teams, with each member representing different agencies and experiences. Teams meet weekly to learn about members' clients and to provide advice concerning services.

Conclusions

The problem of multiple case managers exists everywhere, in cities and rural areas, in communities with deep resources to provide for those in need and in those with only limited services. The cost of unnecessary duplication is excessive, not only in terms of dollars, but also in terms of wasted human capital. This type of investment could provide case management to others at risk or could pay for substantial amounts of direct services (such as housing, child care, and job training), rather than fuel duplication.

It is ironic that as our society has reached consensus on the need for holistic, family-focused support to improve the circumstances of vulnerable families, the prospect of multiple case managers for one client has grown. Yet, the reality of categorical programs, single-focus interventions, and other features of the human service delivery system virtually ensure the continuation of the trend. To be sure, having more than one case manager serving a client may not always be a bad idea. Some clients may have such unique needs that specialized case management services are appropriate. A family with a medically fragile child, born to a

The cost of unnecessary duplication is excessive, not only in terms of dollars, but also in terms of wasted human capital.

mother who is unemployed, low-functioning, and has left her abusive husband, may require an array of services and knowledge not likely to be found in even the most capable case manager. Moreover, if a project requires its case managers to provide extensive amounts of counseling or therapy for clients, they may not have enough time to perform properly the other functions of case management.

The case managers in this study provide a relatively high level of services to clients, which is made possible by their small caseloads. The issue of multiple case managers may be less serious when a client is one of several hundred a case manager serves. In those circumstances, the case manager probably has only minimal client contact, works across agencies infrequently, and provides direct services rarely. Service overlap with other case managers may be slight. This arrangement, however, leaves an important question: are these services truly case management? In the absence of agreed-upon standards or practices, the question cannot be answered.

Consolidating categorical programs into block grants—which is currently being debated in public policy arenas—holds promise for removing some system factors that spur the likelihood of multiple case managers. Yet the prospect of block grants also raises grave concerns among human service providers. With the enactment of a block grant, program funds generally decrease because block grants have fewer administrative requirements and are expected to achieve greater efficiencies. In practice, the increased efficiency does not always translate into equivalent program resources, so services are often reduced. In addition, because block grants usually require less accountability, services may not be provided equitably or to those most in need.

Professional standards and common sense have produced some promising solutions to mitigate the problem of multiple case managers. No single solution presented here is likely to bring about any major change; instead, solutions must probably be combined to produce a significant decrease in the amount of unnecessary service duplication. As communities continue to develop service integration initiatives, ideas can be tested and improved. The goal is to ensure that the human service delivery system provides optimal services while maintaining efficiency.

References

1. A fuller discussion of research methods appears below.
2. Information about ordering the resource briefs appears on the back cover.
3. See Alfred J. Kahn and Sheila B. Kamerman, *Integrating Services Integration: An Overview of Initiatives, Issues, and Possibilities*, National Center for Children in Poverty, Columbia University School of Public Health, New York, NY, 1992; Institute for Family Self-Sufficiency, American Public Welfare Association, *Status Report on JOBS Case Management Practices*, Washington, DC, 1992; and Ellen L. Marks, *Case Management in Service Integration: A Concept Paper*, National Center for Children in Poverty, Columbia University School of Public Health, New York, NY, 1994.
4. The criteria are presented in *Case Management in Service Integration: A Concept Paper*.
5. This is discussed in *Working with Clients: Case Management in Service Integration*.
6. *Working with Clients: Case Management in Service Integration* discusses these relationships.
7. This is discussed in *Working with Clients: Case Management in Service Integration*.
8. See *Working with Clients: Case Management in Service Integration*.
9. See *Preparation, Staff Development, and Supervision of Case Managers*.

Research Methods

The National Center for Children in Poverty (NCCP) conducted this study of case management as part of its work in the domain of family and community support. The research is descriptive, not evaluative. Given the state of knowledge about case management—especially its recent expansion into a broad array of human services—the investigators concluded that basic information was lacking, such as who are case managers, what do they do, and how do they do it? The case management research project's findings on these questions can contribute to advancing research on the subject. Before studies can shed light on outcomes from case management initiatives, researchers must have a clearer understanding of case management practices and operations.

Criteria for Case Management. To conduct this research on case management in service integration, the research team began with a comprehensive literature review. From this, we developed a concept of case management that has four central components. The components serve as threshold criteria that must be met for an initiative to be considered as one involving case management. First, a case manager

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must perform the core functions of case management, namely assessment, plan development, identification and access of services, and monitoring. Second, some person or persons must routinely perform the functions of case management. Third, the case manager must work across organizational boundaries, not just within his or her parent agency. Fourth, case management services must be developed in consideration of the client's entire family. These components, along with more details on the research design and questions, are more fully described in a 1994 concept paper. (See back cover.)

Site Selection. The bulk of this research derives from original data collection through site visits to 16 projects around the United States. To choose projects for in-depth study, the research team searched some 600 project files that are part of the Information Clearinghouse of the National Center for Service Integration.* The files contain materials describing service integration initiatives that serve children, youth, and families. We then selected projects that appeared to meet the four components of our case management concept. NCCP's program focus is on children under six, so we paid careful attention to projects that serve this population. We identified about 110 projects, and then sorted according to target population, geographic location, size, and funding source. The 16 projects selected reflect diversity rather than similarity.

Data Collection. Between one and three research team members spent up to four days at each case management project. Before each site visit, we reviewed all available written materials about the project. During the site visit, we interviewed case managers,** supervisors, a director, and other individuals such as board members and budget personnel; we also collected other documents, such as intake and assessment forms, evaluations, resource guides, annual reports, and budgets. Whenever possible, we accompanied case managers on home visits.

Most of the interviews were semi-structured to collect process information about the operations of case management. Several series of questions dealing with case manager characteristics, caseloads, and contact with other agencies were structured and closed-ended. Site visitors incorporated all data and information onto a site reporting form.***

In total, we interviewed 121 case managers, 36 supervisors and directors, 14 other staff, and 27 clients. Several project staff members fulfill dual functions, such as acting as both case manager and supervisor. We estimate that we have data on over 95 percent of all staff employed at the 16 projects.

Data Analysis and Terminology. A first round of analysis involved site investigators combining and synthesizing information to complete the questions in the site reporting form. Site visitors reviewed each other's answers to check inter-coder reliability. A subsequent analysis took place as we compared data from the reporting forms across sites. In conducting the analyses, we paid special attention to similarities and inconsistencies. Similarities suggest that a practice or phenomenon is common; inconsistencies imply differences in procedures, client population, or environmental conditions.

We coded quantitative data from case managers, analyzed the information, and presented the results as numerical findings. Responses from part-time project staff were weighted to ensure equivalency. Unless otherwise noted, all data reported in the resource brief refer to the projects studied. In other words, for a given variable and a given site, we aggregated data and produced an average according to the number of responses. We then treated each project equally to determine numerical findings. Because the data are not from representative or randomly selected sites, we present only frequencies or percentages.

The 16 sites refer to case managers by many different names, such as "family outreach workers," "home visitors," "family advocates," and "service coordinators." Also, several different names refer to the at-risk people with whom they work. For simplicity and uniformity, we have used the terms "case manager" and "client."

* This clearinghouse, formerly at the National Center for Children in Poverty, is now at the National Center for Service Integration, c/o Child and Family Policy Center, 218 Sixth Avenue., Suite 1021, Des Moines, IA 50309. Tel: (515) 280-9027. Fax: (515) 243-5941.

** One project does not employ most case managers over the summer, which was when the site visit occurred. For these case managers, we created a mail survey derived from questions asked during site visits.

*** Copies of the site reporting form are available in the NCCP library.

Other Case Management Publications Available from NCCP

The National Center for Children in Poverty (NCCP) has issued several publications that draw on this research project. In addition to this resource brief, three others are available (at $5.00 each or $15 for all four):

- *Working with Clients: Case Management in Service Integration* by Ellen L. Marks
- *Who Are Case Managers and What Do They Do? Case Management in Service Integration* by Ellen L. Marks
- *Preparation, Staff Development, and Supervision of Case Managers* by Carolyn Marzke

Two additional publications offer more general information about case management:

- *Case Management in Service Integration: An Annotated Bibliography* by Ellen L. Marks, Karen E. Maurer, and Linda S. Simkin ($6.00)
- *Case Management in Service Integration: A Concept Paper* by Ellen L. Marks ($8.00)

Information about ordering these documents prepaid (postage/handling costs included), or about other NCCP publications, can be obtained by writing, telephoning, or faxing NCCP, or through e-mail: 154 Haven Avenue, New York, NY 10032; tel: (212) 927-8793; fax: (212) 927-9162; e-mail: ejs22@columbia.edu. Include name, organization, address, telephone, and fax in all requests, including e-mail. Also, NCCP's triannual newsletter, *News and Issues*, as well as other information about the Center, may be accessed on the Internet: http://cpmcnet.columbia.edu/dept/nccp/

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